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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/039,213
Filing Date	01/04/2002
First Named Inventor	ROBERT J. SCHINSKI
Group Art Unit	1732
Examiner Name	
Attorney Docket Number	SCBO 102

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Non-payment and actions by the applicant that have made it unreasonably difficult for the undersigned attorney to carry out the employment effectively. Due notice of withdrawal has been provided to the applicant, who has been provided with copies of all papers in our file concerning the prosecution of the application to which applicant is entitled.

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<input checked="" type="checkbox"/> Firm or Individual Name	BO SCHINSKI				
Address	GEMSTONE CANDLES				
Address	15106 10th Avenue SW				
City	Seattle	State	WA	ZIP	98166
Country					
Telephone	206-439-3179	Fax			

This request is enclosed in triplicate.

Name	Dean A. Graine
Signature	
Date	August 28, 2002

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NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.